

## **HAWAII STATE ETHICS COMMISSION**

1001 Bishop Street, American Savings Bank Tower 970 P.O. Box 616, Honolulu, Hawaii 96809 Telephone: 587-0460 FAX: 587-0470

GIFTS DISCLOSURE STATEMENT		
(This report covers the period from June 1 of the preceding calendar year through June 1 of this year and is due on June 30)		
NAME: Earline N. Yokoi	STATE POSITION: Drug Control Liaison	
STATE AGENCY: Department of Human Services assigned to the Office of the Lieutenant Governor	STATE TEL. NO.: 586-3930	

## STATE MAILING ADDRESS:

P. O. Box 3226 Honolulu, HI 96801

1 DONOR	DESCRIPTION OF GIFT	3 REC'D	GIFT 4 VALUE	AGG. VALUE
Hawaii Medical Association	Dinner	5/22/04	\$300.00	
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1 DONOR	2 DESCRIPTION OF GIFT	DATE REC'D	GIFT VALUE	AGG. VALUE
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Check here if	you have attached	additional sheets.
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CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement.

Eum N. ymn	0/21/04
SIGNATURE	DATE